

City of Lewiston

1- & 2-Family Dwelling/ Accessory Structure Permit Application

Permit fee:	Receipt number:	Date:
Permit Number:	Date issued:	

Location of Work

Map/ Lot	
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Contact Information

	Name	Address/ E-mail	Home Phone/ Cell Phone
Applicant			
Owner			
Contractor			

1 & 2 Family

New/ Addition	Modular	Accessory Structure	Renovation/ Alteration
_____	_____	_____	_____
Description:			Cost of Work: \$

I hereby certify that, to the best of my knowledge, the information provided herein is accurate and true. I understand that the property owner is responsible for compliance with all applicable codes.

Signature of Owner/ Agent

Date

For office use only

Use Group:		Construction Type:	
Zoning district:	Current use:	Proposed use:	
Permitted use: _____	Conditional use: _____	Nonconforming use: _____	
Flood Zone	Lake Conservation Overlay	Mobile Home Overlay	
Shoreland Zone	Historic/ Significant Building	Groundwater Conservation	

Approved _____ Denied _____ Signature _____ Date _____

Reason for denial _____